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## Briefing Sequence

- Purpose
- Background
- MRI and Army Transformation
- MRI Force Structure
- AR MRI Hospital Acceleration
- Hospital Optimization & Standardization Program (HOSP)
- MRI Current Conversion Status
- Clinical Operational Equipment Set (COES)



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## Purpos e

To provide background information on the Medical Reengineering Initiative (MRI) and a status update of the MRI Program and its progress toward completion.



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## Description...MRI

• A reorganization of the Echelons Above Division and Echelons Above Corps deployable medical units consisting of the following medical functions:

√ Hospitalization

✓ Command and Control

✓ Dental

✓ Medical Logistics

✓ Preventive Medicine

√ Combat Stress Control

✓ Area Medical Support

✓ Veterinary

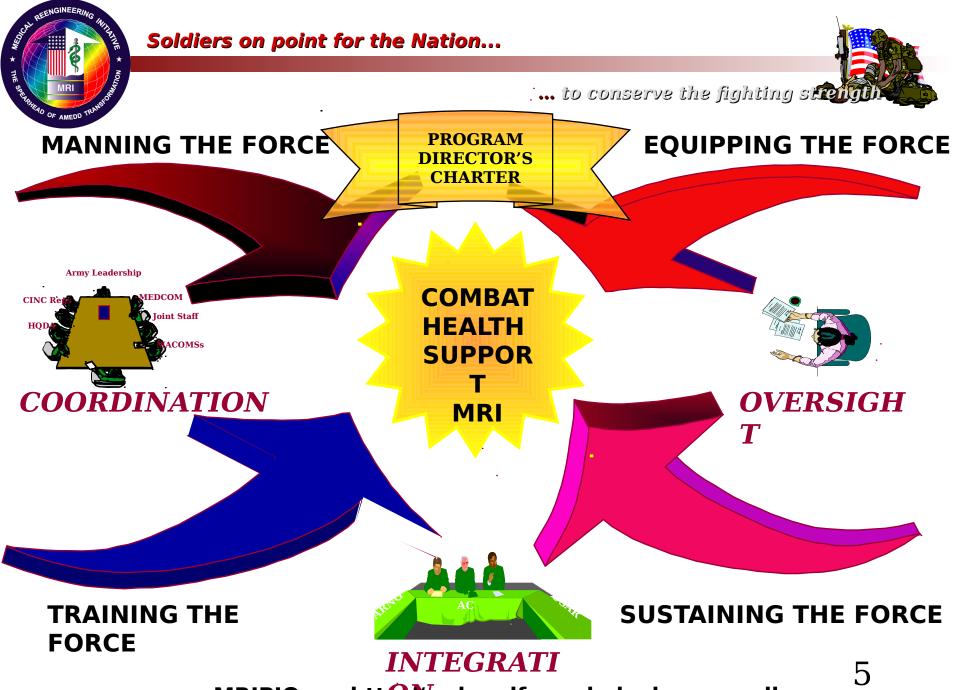
✓ Evacuation

✓ Laboratory

MRI pertains to the:
Active Army
Army National Guard

**Army Reserves** 





MRIPIO => http://mrimedforce.belvoir.army.mil



FDU

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1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004

#### Force Design Update

**MRI Redesign** 

VCSA Approves

• Split-based operatioMRI Program

- Communications
- Reduced Footprint
- Modular/Tailorable

CG TRADOC

Approves Design

Changes

Total **Army** Analysis

**TAA03** 

MF2K

TAA05

**MRI** 

TAA07

TAA09

**TAA11** 

MRI

MRI

**MRI** 

(21st CSH) Converted

**Program** 

First MRI Hospital Memorandun

16 Oct 2001

**Objective** 

**POM 00-05** 

**POM 04-09** POM 02-07

Mini POM 01-05Mini POM 03-07Mini POM 05-09

**70 FDC MRI Units Resourced** 

Conversion s and **Activations** 

26 Units **Completed**  14 Units Planned

First 9 Units 26 Units Complete 35 Units **Completed Planned** 

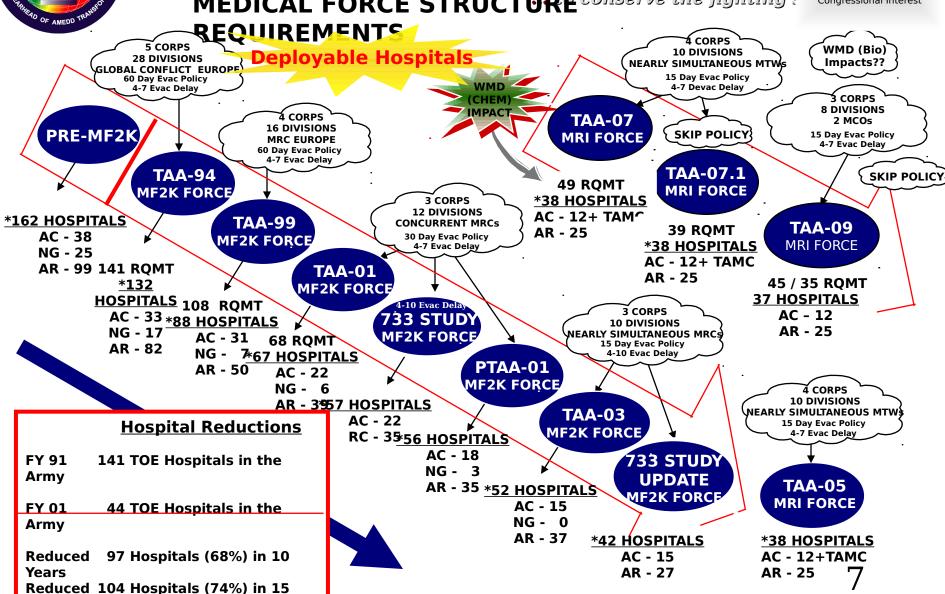
1995 1996 1997 1998 1999 2000 2001 2002 2003

Years

#### Soldiers on point for the Nation...

DPG/IPS **CPG** Casualty Rates **Doctrinal Changes Optimize Assets** AC/RC Mix Congressional Interest

MEDICAL FORCE STRUCTURE conserve the fighting !



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he Mission of Transformation

Transform **The Army** into a force that is strategically responsive and dominant at every point of the spectrum of operations





How Will We Transform the

ASWYWIII AMEDD Support the Transforming

Maintain a trained and ready Legacy Force to fight
and win decisively against any threat ...our

Nation's go to war force...(MF2K Force)

Simultaneously

- Field the *Interim Force* to meet an operational shortfall that exists between the capabilities of our early arriving light forces and our later arriving heavy forces... our bridge to the future...(MRI is the AMEDD's Interim Force)
- Design and field the new Objective Force that is strategically responsive capable of dominating at every point on the spectrum of operations... our future Army...(our future AMEDD Force)



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Force



# What Does MRI Do for AMEDD Transformation?

**IMPROVES MODULARITY** 

PROVIDES SCALABLE CAPABILITY PACKAGES

ENABLES
SPLIT-BASED OPERATIONS

PROVIDES
MANNING FOR
IM/IT ENABLERS

REORGANIZES
EAD/EAC
DEPLOYABLE
MEDICAL UNITS

REDUCES
THEATER MEDICAL
FOOTPRINT



The AMEDD Force Structure

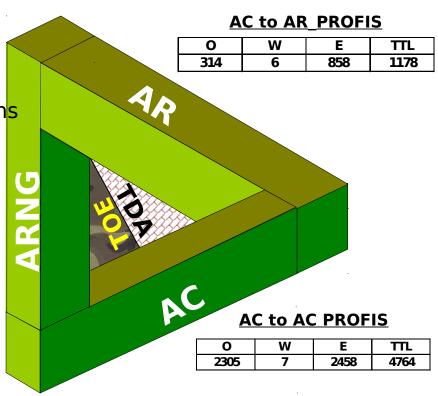
AC to RC Linked

### **The AMEDD Enterprise**

- 11 AR numbered TDA Hospitals,
   2449 IMA personnel, backfilling AC
   TDA Hospitals and research positions
- 22 AC TDA hospitals providing PROFIS to AC and AR TOE units
- ARNG TOE evacuation and area medical support

#### **TOTAL PROFIS**

0	W	E	TTL
2305	7	2452	4764
314	6	858	1178
2619	13	3310	5942



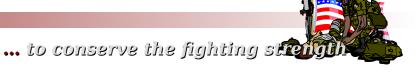


## C-E & IM Personnel in MRI

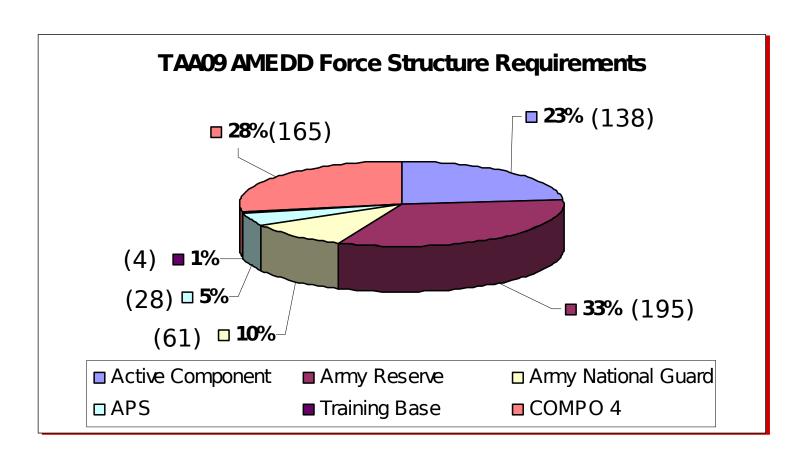


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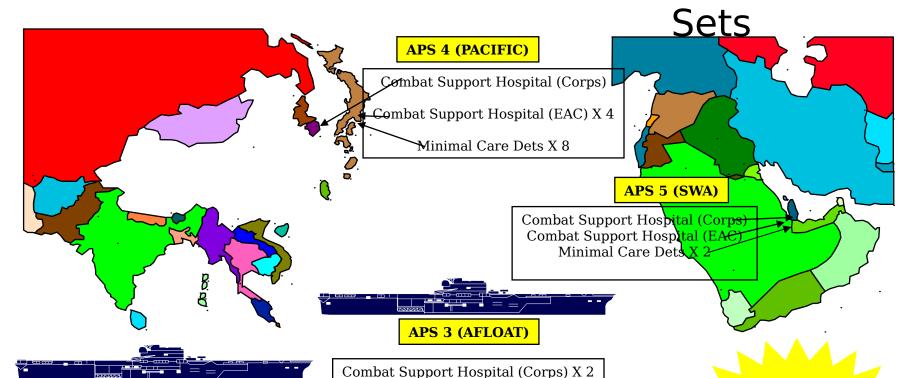


## The MRI Total Force





## Prepositioned Equipment



APS 3 (AFLOAT) Non Hospital Brigade Sets (Corps Theater Pkg)

> PM Det X 2 HHD, Med Log Bn HHD, ASMB ASMC X 4 FST

MRI at End-state
(Not Currently on the Ground)

<mark>Add'l Hosp Rqmts</mark>

3 - RTS-MED

1 - TNG BASE







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Source: TAA09

## MRI End State By Component

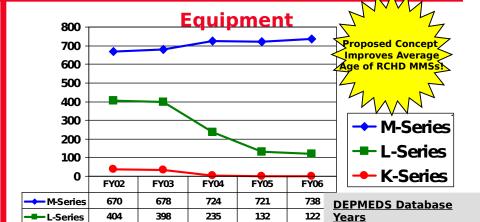
	Active	ARNG	AR	Multi-COMPO	Total
CSH (Corps)	8	0	15	*2(AR Flag)	23
CSH (EAC)	4	0	10	0	14
Hosp Aug Tms	31	0	68	0	99
Evacuation	22	21	10	0	<b>53</b>
Area Spt Med	19	40	0	0	<b>59</b>
Area Dental Co	6	0	11	*2 (AC Flag)	17
Prev Med Det	14		26	0	40
Area Med Lab	2	0	1	0	3
Veterinary	8	0	12	0	20
Cbt Stress Det	4	0	8	0	12
Medical Logistics	15	0	20	*1 (AC Flag)	35
C4	5	0	14	*2 (1 AC/1 AR)	19
TOTALS:	138	<b>61</b>	195		394



Army Reserve Hospitalhe fighting strong

Acceleration **Personnel** MRI Converted **ARMY RESERVE** CURRENT STRUCTURE = COMPLETED = 20000 **Hospitals** DIFFICULT RECRUITING 30 **INCREASED 91W REO INCREASED TRNG** 15000 25 **LOWER ASGND STR %** 20 NO MC4 SPT AR Cmd Plan 10000 15 AR Previous **Cmd Plan** 10 PROPOSED STRUCTURE 5000 5 **IMPROVED** FY03 FY04 FY05 FY07 FY06 FY08 MANNING FY02 FY03 FY04 FY05 FY06 FY07 **IMPROVED** 17317 16811 16393 16393 16393 13106 Current Plan **READINESS** 17317 15693 13705 13106 13106 13106 Proposed Plan **LOWER 91W REO** Year Risk in 12469 12469 - 2001 Manning





4

36

K-Series

34

M-series: 1990 +

L-series: 1987 - 1989 K-series: 1986



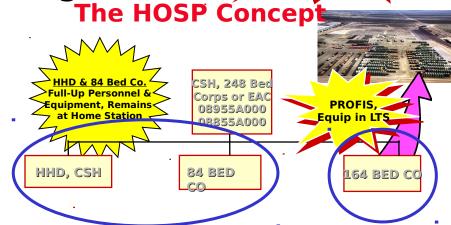


... to conserve the Jis Accepts Risk In Hospital Optimization &

Modernization of 164 Bed Co.

Standardization Program (HOSP)





#### The Schedule

FORSCOM	FY2002	FY2003	FY2004	FY2005	FY2006	
CSH (Corps)	21st CSH	21st CSH	10th CSH	28th CSH	86th CSH	
	Ft Hood, TX	Ft Hood, TX	Ft Carson, CO	Ft Bragg, NC	Ft Campbell, KY	
		31st CSH	47th CSH			
		Ft Bliss, TX	Ft Lewis, WA			
CSH (EAC)				14th FLD	249th Gen	
				Ft Benning, GA	Ft Gordon, GA	
					115th FLD	
					Ft Polk, LA	
			MCD	3 X MCD	3 X MCD	
Minimal Care Dets			Ft Bliss, TX	Ft Anywhere, USA	Ft Anywhere, USA	
Original FDC Medical Slice						
21st CSH converts to HOSP staffing/equipment levels, converted in FY 02 to "full-up" MRI CSH						

#### The Value Added

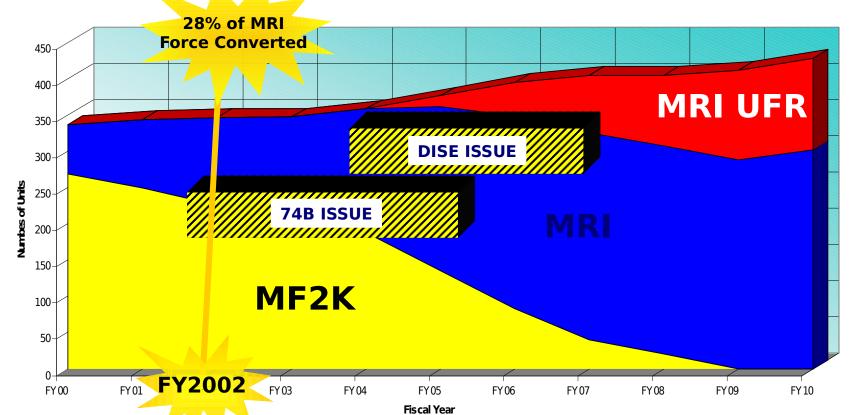
Value to Army Transformation

- Accelerates conversion to MR Structure/Force Design
- Organizes & equips standardized hospital capability for FC mission & training
- Reduces unit maintenance burden
- Increases readiness
- Allows AMEDD CL VIII dollars to be stretched
- Responds to Interim Force nee Eliminates Care Taker Hospitals



## The MRI and MF2K Mixed Force

(COMPOs 1, 2, 3, & 6)



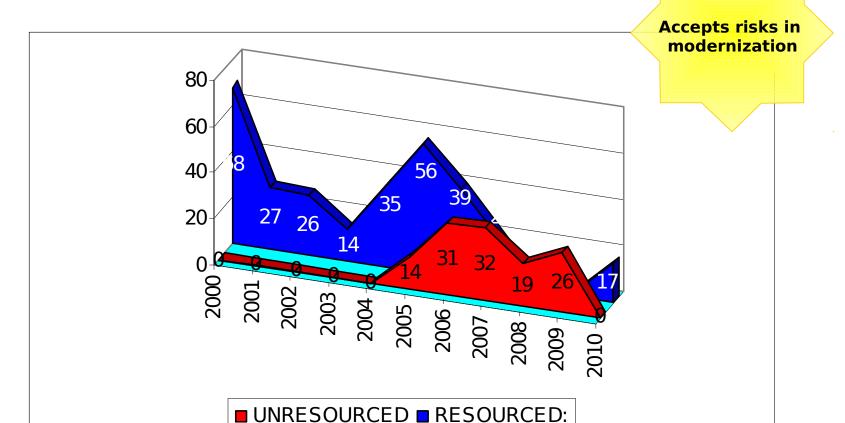
	FY 03	F' 04	FY 05	FY 06	FY 07	FY08	FY 09	FY 10	TOTALS
REQ	33.48	35.39		14.53	8.96		1.77	0.105	108.495
Funded	13.51	8.64	10.11	6.82	0.51	0.12	0.561	0.1	26.861
Unfunded	19.97	26.75	28.21	7.71	8.45	9.3	1.21	0.005	81.635

Source Data: TAA0  $\P$  Source Data: TAA0  $\P$ 

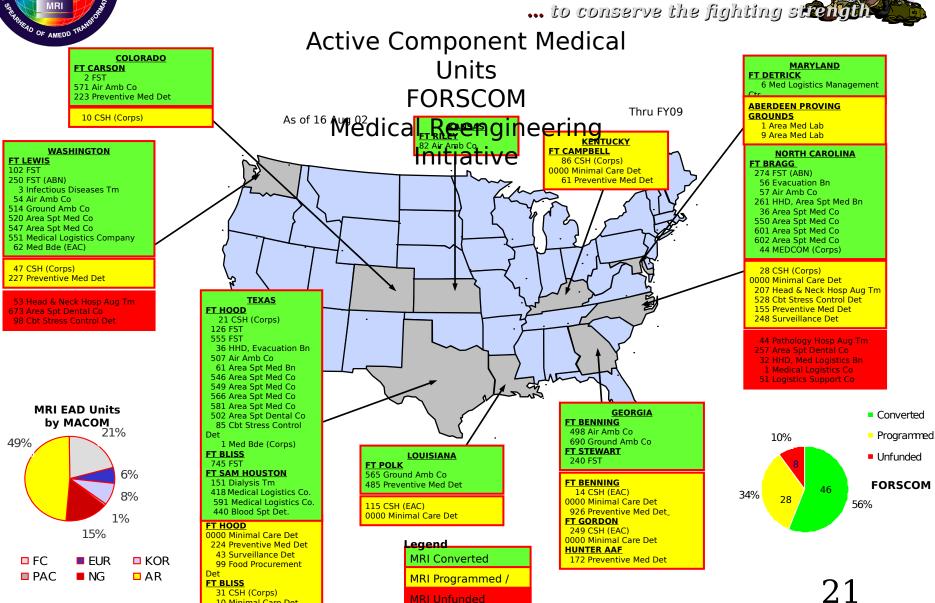


MRI Resourced Units vs

Unresourced Units



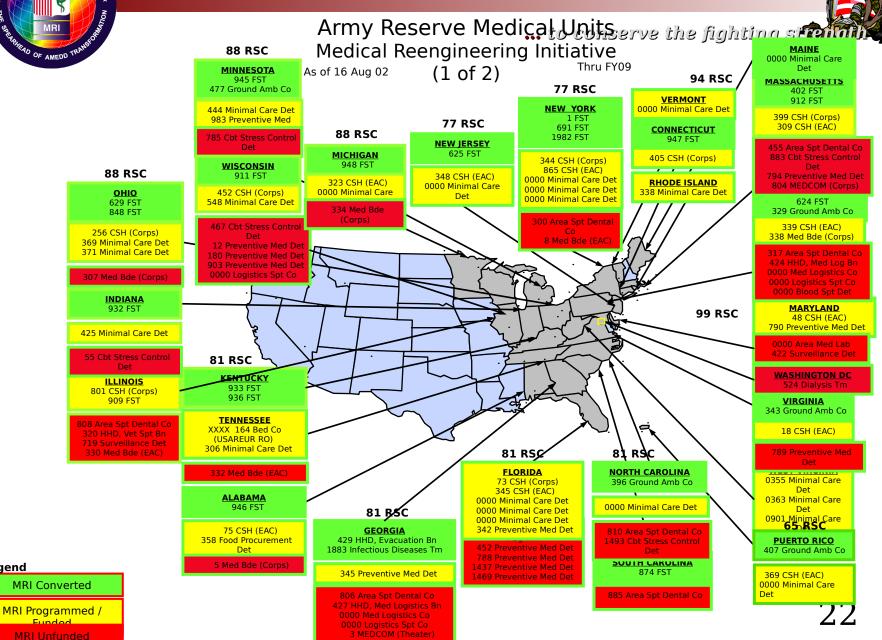
10 Minimal Care Det





Legend

#### Soldiers on point for the Nation...





**63 RSC** 

**CALIFORNIA** 

1980 FST

437 Ground Amb 349 CSH (Corps)

352 CSH (Corps)

RO)

114 Minimal Care Det

701 Preventive Med Det

0000 HHD, Vet Spt Bn

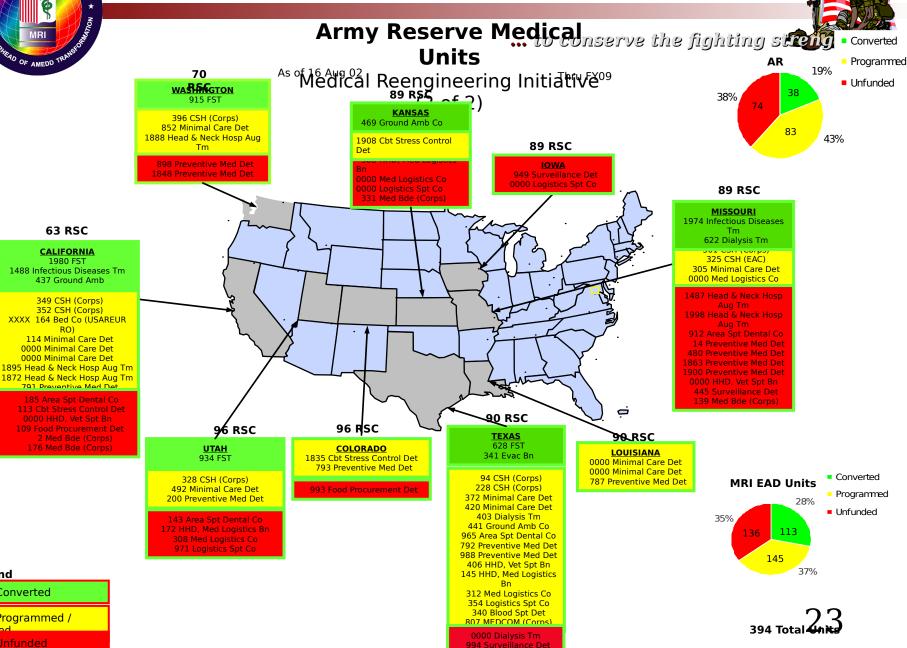
185 Area Spt Dental Co

2 Med Bde (Corps)

176 Med Bde (Corps)

0000 Minimal Care Det 0000 Minimal Care Det

#### Soldiers on point for the Nation...

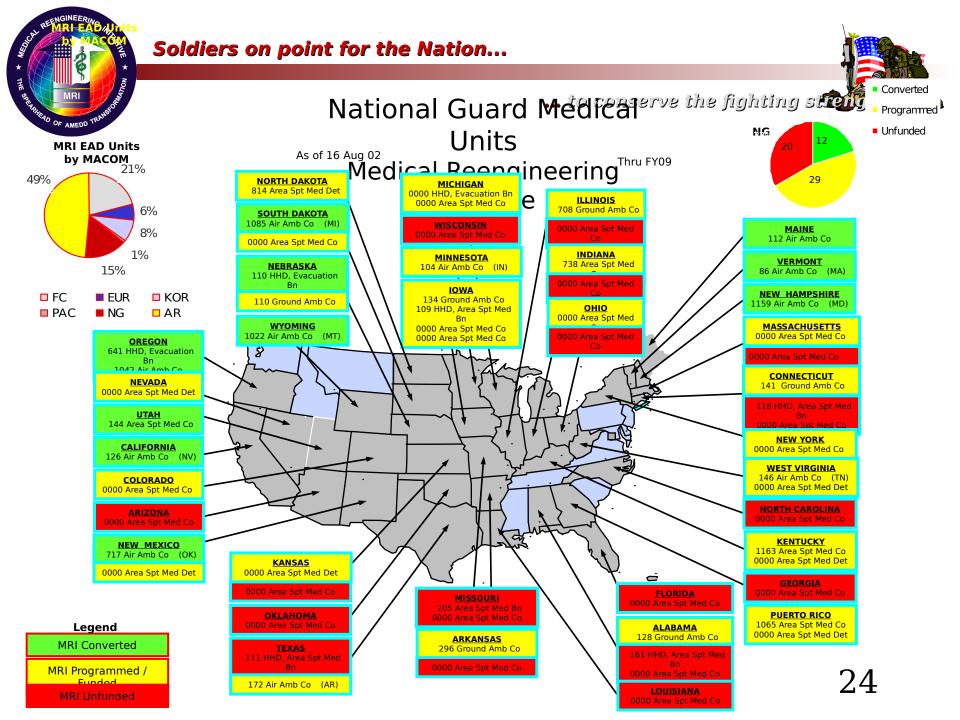


Legend

MRI Converted

MRI Programmed / Fundad

MRI Unfunded





MRI Converted

MRI Unfunded

MRI Programmed /

#### Soldiers on point for the Nation...

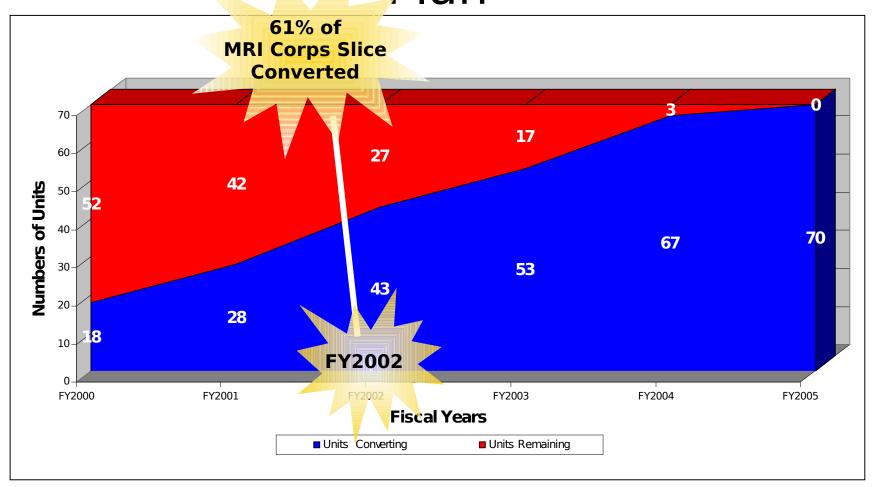
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24%

#### **Active Component Medical** Units **MRI EAD Units** by MACOM As of 16 Aug 02 Thru FY09 USAREUR / EUSA / USARPAC **KOREA** 49% 127 FST **EUROPE** lical Reengi<u>neeri</u>ng 135 FST GERMANY 122 Special Care Hosp Aug Tm 67 FST 52 HHD, Evacuation Bn 160 FST 377 Air Amb Co Initia≴ 421 HHD, Evac Bn 542 Air Amb Co 45 Air Amb Co 560 Ground Amb Co 159 Air Amb Co 568 Ground Amb Co 1% 236 Air Amb Co 618 Area Spt Dental Co 15% 67 CSH (Corps) 121 CSH (EAC) 212 CSH (Corps) 150 Minimal Care Det □ FC ■ EUR ■ KOR 650 Area Spt Med Co PAC NG AR 78 Pathology Hosp Aug Tm 74 Telemedicine Det 0000 Special Care Hosp Aug Tm 0000 Telemedicine Det 567 Area Spt Med Co 557 Ground Amb Co 584 Area Spt Med Co 628 HHD, Area Spt Med Bn 523 Area Spt Dental Co 75 Area Spt Med Det **EUSA** 561 Area Spt Dental Co 5 Preventive Med Det 38 Preventive Med Det 71 Preventive Med Det 154 Preventive Med Det Converted 34 HHD. Vet Spt Bn 64 Surveillance Det Programmed 226 HHD, Med Logistics Bn 106 Food Procurement Det 129 Animal Surgical Det Unfunded 16 HHD, Med Logistics Bn 563 Med Logistics Co **HAWAII** 95 Blood Spt Det SCHOFIELD BKS 18 MEDCOM (Theater) 8 FST 63% 68 Air Amb Co (AK) **USAREUR** Converted Converted **AC TOTAL USARPAC** Programmed Programmed 25% Converted Unfunded 30% Unfunded Legend 12% 46% 63%



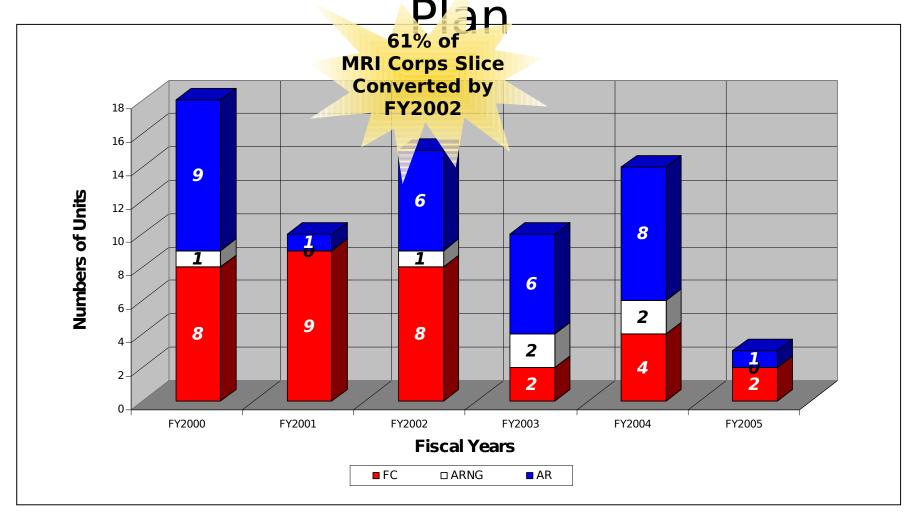
## MRI Corp Slice Conversion Plan







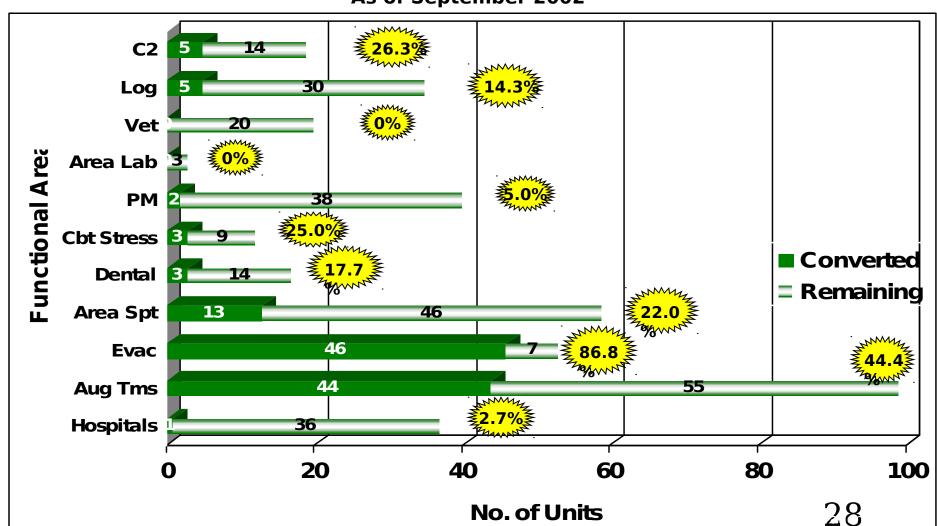
## MRI Corp Slice Conversion







**As of September 2002** 

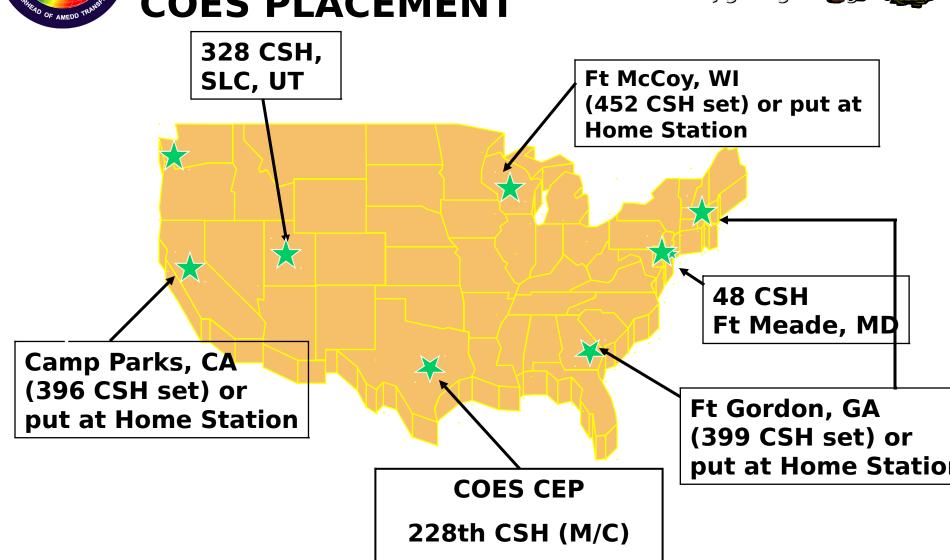


# Clinical Operational Equipment Set (COES)

- To provide a clinical operational capability within the USAR CSH that is capable of providing a rapidly deployable and operationally relevant Level III hospitalization capability that meets operational mission requirements.
- To give the AR unit a strategically deployable, respons and operational capability at home station that the AR unit will store and maintain.

### **COES PLACEMENT**

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Ft Sam Houston, TX

84 Bed

Supply, 84 Bed

MRI Combat Support Hospital.. to conserve the fighting strength **RCHD & MEET** MRI Combat Support Hosi (Corps) Typical Reserve Component MRI CSH (Corps) **Hospital Compar Hospital Compa Split Stationed 164 Bed** 84 Bed **Operating Room Operating Room** CMS **CMS** Physical Therapy CMS CMS Laboratory Laboratory Augmentation, Augmentation, Dental General, 84 Bed General, 164 Bed 84 Bed 164 Bed Laboratory Laboratory Triage/EMT Triage/EMT Blood Bank, Blood Bank, Dental X-ray 164 Bed 84 Bed RCHD Stocks X-ray Low-Cap X-ray Low-Cap X-ray (Rad) X-ray Dental Hygiene (Rad-Fleuro) MEET Set Pharmacy Post OP Pharmacy Post OP Ortho Sura 84 Bed 164 Bed ICU ICU Aug Intermediate Care Med Service Intermediate Care Med Service Clinic, 84 Bed Ward Ward Clinic, 164 Bed Ortho Cast OB/GYN Ortho Cast OB/GYN Medical Medical Med Maintenance **Med Maintenance** 

164 Bed

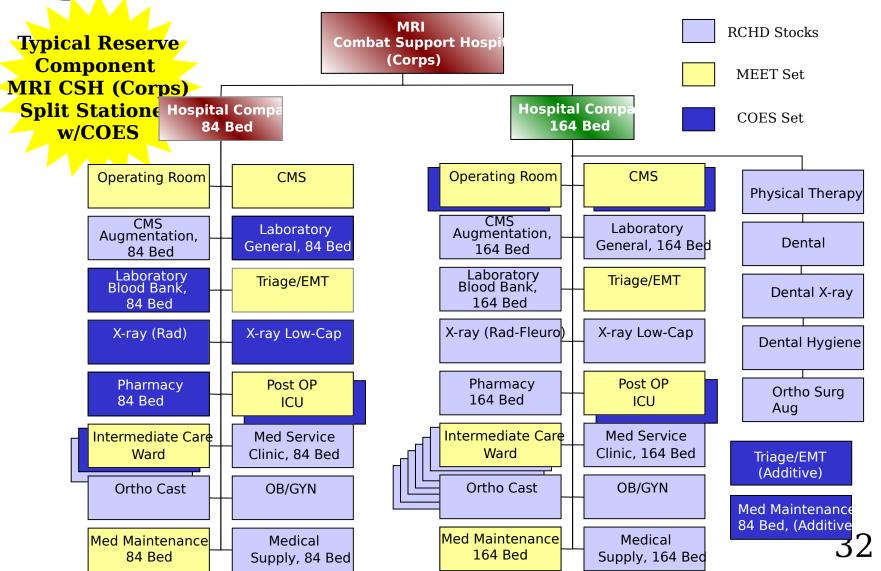
Supply, 164 Bed

## THE STREET OF AMEDD TRANSPORT

#### Soldiers on point for the Nation...

MRI Combat Support Hospitalto conserve the fighting streng

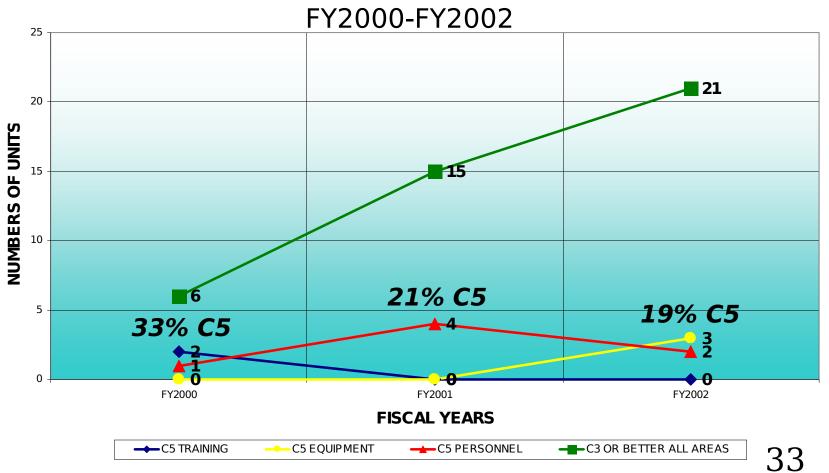
RCHD, MEET, & COES





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## Trends in MRI Activations/Conversions







## CLII & CLVII Discussion

- MRI is a reorganization and <u>not</u> a modernization initiative
- CLII & CLVII assets:
  - Cross-level excess equipment
  - Transfer assets from inactivating units
  - Cascade displaced equipment from new equipment fieldings
  - Acquire serviceable DRMO assets
  - Procure new equipment



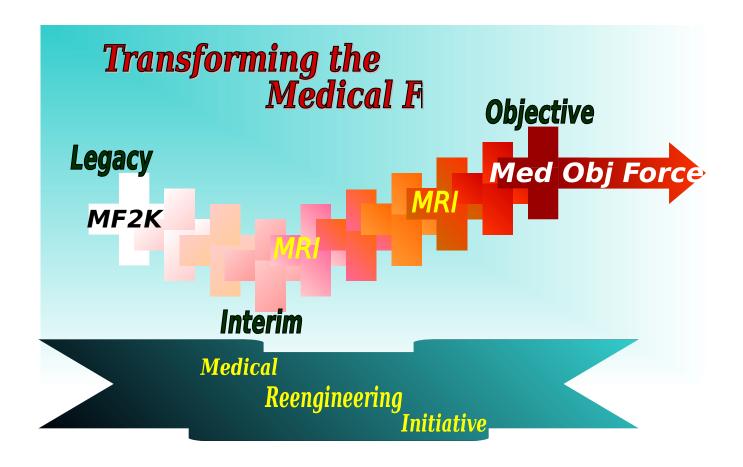


### Issues

- 74B requirements in MRI Medical Logistics Companies Tables of Organization and Equipment (TOE)
- Army procurement and issue of Distribution and Illumination Set Electrical (DISE)
- Unresourced MRI requirements in the FY04-FY09 POM



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http://mrimedforce.belvoir.army.mil